ADMINISTRATIVE CLERK ENTRY/JOURNEY
Supplemental Questionnaire

NAME: _____   _____

(Last)   (First)   (Middle Initial)   Social Security Number

Administrative Clerks perform a wide variety of general clerical and routine secretarial duties related to the function and department assigned.

Submit this completed supplemental questionnaire along with your application form and clerical assignment preference form. Resumes, letters, and other materials will not be considered as responses to the items in the supplement. APPLICATIONS RECEIVED WITHOUT A SUPPLEMENTAL QUESTIONNAIRE AND CLERICAL ASSIGNMENT PREFERENCE FORM WILL NOT BE CONSIDERED.

1. I would like to be considered for Administrative Clerk - Entry.   Yes ☐   No ☐

    NOTE: If you are only interested in being considered for Administrative Clerk – Entry, you do not need to complete question number 2.

2. I would like to be considered for Administrative Clerk - Journey.   Yes ☐   No ☐

    a) Do you have experience in customer service? (Examples include reception,   Yes ☐   No ☐
        front counter, and answering customer questions over the phone.)

    If yes, complete the section(s) below.

Job Title: _____	Job Title: _____
Employer: _____	Employer: _____
Dates: _____ to _____	Dates: _____ to _____

    b) Do you have routine clerical support experience? (Examples include   Yes ☐   No ☐
        document preparation, proofreading, and/or filling out/completing forms.)

    If yes, complete the section(s) below.

Job Title: _____	Job Title: _____
Employer: _____	Employer: _____
Dates: _____ to _____	Dates: _____ to _____

    c) Do you have experience in maintaining files? (Examples include creating files,   Yes ☐   No ☐
        filing, retrieving files, shredding files, and/or updating and correcting file information.)

    If yes, complete the section(s) below.

Job Title: _____	Job Title: _____
Employer: _____	Employer: _____
Dates: _____ to _____	Dates: _____ to _____

I certify that all the statements made in this application supplement are true, complete, and correct to the best of my knowledge and are made in good faith. I understand that any misrepresentation and/or falsification of my answers may result in rejection of my application for this recruitment. My signature authorizes Placer County to make any appropriate investigations to verify information.

Signature of Applicant: _____   *Date:*_____